

PET FOOD PROCESSOR LICENSE/REGISTRATION APPLICATION**PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED***See page 2 for instructions.*
☐ NEW APPLICANT ☐ RENEWAL APPLICANT ☐ RELOCATION ☐ OWNERSHIP CHANGE ☐ OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)		
2. DBA (List additional DBA's on separate sheet if necessary.)			10. Facility Telephone Number ()		11. Facility FAX Number ()
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ()		13. E-mail Address
4. Facility Address (continued)			14. Correspondent (name and title)		
5. City	State	ZIP Code	15. Correspondent Telephone Number ()		16. Correspondent FAX Number ()
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)		18. FDA CFN or FEI Number
7. Mailing Address (continued)			19. Website (URL)		
8. City	State	ZIP Code	20. Interstate Commerce <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A		

21. Type of Ownership
☐ Individual/Sole Proprietorship ☐ Partnership ☐ Corporation/Limited Liability Company ☐ Nonprofit ☐ Other: _____

22. Corporate Name (if applicable)	State of Incorporation
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23. Owners' or Officers' Names and Titles	Owners' or Officers' Names and Titles

24. Pet Food Products Processed for Sale in the State of California:

Complete and Balanced Diet Products:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Bird	<input type="checkbox"/> Fish	<input type="checkbox"/> Other: _____
Treat / Snack Products:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Bird	<input type="checkbox"/> Fish	<input type="checkbox"/> Other: _____
Nutritional Supplement Products:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Bird	<input type="checkbox"/> Fish	<input type="checkbox"/> Other: _____
Other (describe): _____					

LICENSE FEE: \$223.57	MAKE CHECKS PAYABLE TO: DEPARTMENT OF HEALTH SERVICES <i>See page 2 for mailing address.</i>
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By signature, I declare under penalty of perjury that all information provided herein is true and correct.

25. Signature of Applicant		Date
Print Name	Print Title	

PLEASE DO NOT WRITE BELOW THIS LINE.

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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Pet Food Processor License/Registration Application Instructions

PLEASE PRINT OR TYPE YOUR APPLICATION.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Pet Food Processor License or Registration at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Pet Food Processor License or Registration for this location, and you are renewing that license or registration. If this firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3–5. **Facility Address:** Enter the street, city, state, and ZIP code for this facility location.
- 6–8. **Mailing Address:** Enter full mailing address if different from the facility address.
9. **Facility Operator:** Enter the full name of the person who manages the operations at this facility and their title.
10. **Facility Telephone Number:** Enter daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter facility FAX number.
12. **24-Hour Emergency Telephone Number:** Enter telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **FDA CFN or FEI:** Enter the facility's US Food and Drug Administration Central File Number or Federal Establishment ID, if known.
19. **Website:** Enter the website address for your business if applicable.
20. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
21. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
22. **Corporate Name:** Enter corporate name if applicable. Enter the State of Incorporation if applicable.
23. **Owners' or Officers' Names:** List the business owners' or officers' names and titles.
24. **Pet Food Products Processed For Sale:** Place an (X) in the box adjacent to each type of pet food processed in this facility that is offered for sale in California.
25. **Sign the application, enter date signed, print your name and title.**

MAKE CHECK PAYABLE TO: DEPARTMENT OF HEALTH SERVICES

MAIL APPLICATION AND CHECK TO: California Department of Health Services
Accounting Section/Cashiers
1501 Capitol Avenue, MS 1101
P.O. Box 997415
Sacramento, CA 95899-7415

Call the Food and Drug Branch at (916) 650-6500 if you have additional questions about this application.